Domestic Product (GDP) terms being incurred in private and public sector respectively;

(c) whether it is also a fact that Government have fixed a target to increase the said expenditure;

(d) if so, the details of the target and the time-schedule fixed for achieving the same; and

(e) whether it is also a fact that Government spent 1.3% of GDP on health system in 1990 in the country?.

_ THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, The total expenditure on Health both in public and private sector as percentage of Gross Domestic Product (GDP) as per World Health Report, 2006 for the year 2003 is 4.8.

(c) and (d) Yes, Under the National Common Minimum Programme (NCMP), the Government intends to raise public spending on health to at least 2-3% of GDP over the next five years with focus on primary health care.

(e) Yes.

Budget allocation to control Maternal Mortality Rate

1138. SHRI JANARDHANA POOJARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Maternal Mortality rate is quite high in India;

(b) if so, the details of programmes and schemes being implemented and financial allocations made therefor and amount spent for bringing down this figure during the last three years; year-wise and State-wise;

(c) whether much progress has not been achieved in bringing the maternal mortality rate; and

(d) if so, what measures are contemplated to improve the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) According to the official estimates of the Registrar General of India (RGI) the Maternal Mortality Ratio has declined from 407 per 100,000 live births (1998) to 301

per 100,000 live births (2003). MMR as estimated for major States by the Registrar General of India for the year 1998 and 2002-2003 (Sample Registration System) are given in Statement-I (See below).

The key findings of the report: "Maternal Mortality in India: 1997—2003 trends, causes, and risk factors" are as under:

The Maternal Mortality Ratio has declined from 407 per 100,000 live births (1998) to 301 per 100,000 live births (2003).

The overall relative decline of nearly 24% during 1997-2001 includes a 16% relative decline in the EAG States and in Assam. In contrast, MMR has fallen by 7% in the southern states of Andhra Pradesh, Karnataka, Kerala and Tamil Nadu.

The leading causes of maternal deaths have been haemorrhage (38%), sepsis (11%) and abortion (8%).

About two thirds of maternal deaths occur in a handful of States *i.e.* Bihar and Jharkhand, Uttar-Pradesh and Uttaranchal, Madhya Pradesh and Chhattisgarh, Rajasthan, Orissa and in Assam.

As per the National Population Policy-2000 and National Health Policy-2002 the goal for reduction in maternal mortality rate has been kept at 100 per 100,000 live births to be achieved by the year 2010. Government of India is actively pursuing these goals under the National Rural Health Mission (NRHM) to reduce the maternal mortality in the country. In order to improve the availability of and access to quality health care including services for Immunization and Safe Motherhood. The mission seeks to provide effective health care to rural population throughout the country with speciaLfocus on 18 States, which have weak public health indicators and/ or weak infrastructure. These States areArunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission will operate over a period of seven years from 2005 to 2012.

Under the NRHM, the services provided under the RCH Programme will be strengthened through:

Implementation of the Janani Suraksha Yojana (JSY) under which cash incentives and services are provided to pregnant women for reducing maternal, infant mortality and promoting institution deliveries.

- In LPS (Low Performing States), all women including SC/STs delivering in the Government Health Centre, General ward of Distt. And State Hospital and accredited Private Institutions get the benefits of the scheme.
- (LPS: Uttar Pradesh^ Uttaranchal, Bihar, J harkhand, Madhya Pradesh, Chhattisgarh; Assam and Jammu & Kashmir).
- In HPS and North Eastern States, all BPL women aged 19 years and above, all SC/ST women delivering in Govt. Health Centres, General wards of Distt. and State Hospitals and Accredited Private Institutions get the benefits.

  Scale of cash assistance is higher in LPS and has got an ASHA component.
- Appointment of Aceredited Social Health Activist (ASHA) for every village with a population upto 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for ante-natal care, institutional delivery and post-natal checks and immunization to children.
- Operationalising 2000 Community Health Centres as First Referral Units (FRU) for providing Emergency Obstetric and Child Health services
- Making 50% Primary Health Centres functional for providing 24 hours delivery services, over the next five years
- Strengthening of sub-centre by providing a flexi fund of Rs. 10,000/-for utilizing at the sub-center to improve the service delivery. The fund shall be operated jointly by the Local Panchayat Representative and ANM.
- Organizing of Village Health & Nutrition Day at Anganwadi centre at least once in every month.
- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.
- Ensuring skilled attendance at every birth both in the community and the Institutions.

State-wise and year-wise financial allocations made under RCH Programme for the last three years and amount spent by the States is enclosed at Statement-ll.

Statement-I

Maternal Mortality Rate

(India and Bigger States)

(Source: RGI, SRS, 1998,2003)

Major State	MMR (1998)	MMR (2003)
India	407	301
Andhra Pradesh	150	195
Assam	409	490
Bihar	452	371*
Gujarat	28	172
Haryana	103	162
Karnataka	195	228
Kerala	198	110
Madhya Pradesh	498	379*
Maharashtra	135	149
Orissa	367	358
Punjab	199	178
Rajasthan	670	445
Tamil Nadu	79	134
Uttar Pradesh	707	517*
West Bengal	266	194
Others		235

*Bihar and Jharkhand, MP and Chhattisgarh, UP and Uttaranchal.

Statement-ll

State-wise releases and expenditure on RCH programme for the period 2003-04 to 2005-06

(Rs. in lakhs)

a No.	NameofState/UT	2003-2004		2004-2005	.* Expdt*	2005-20	06*
		Releases	Expdt.*	Releases		Releases	Expdt.*
d)	(2)	(3)	(4)	(5)	(6).	(7)	(8)
1	Andhra Pradesh	3344.30	3010.95	3133.38	2444.89	6299.92	5762.32
2	Arunachal Pradesh	145.50	20324	319.46	350.37	77527	514.64
3	Assam	1462.12	621.30	2810.76	1448.80	7129.18	1036.64
4	Bihar	3731.31	270527	3895.36	370.51	439222	756.07
5	Chhattisgarh	1305.46	1055.58	1137.00	1439.30	3169.51	3294.57
6	Goa	16.67	13.55	1637	1.12	111.9	28.00
7	Gujarat	1742.49	2452.34	8718.02	3098.38	3655.64	9169.85
8	Haryana	2177.80	1379.46	1976.01	2363.34	1250.3	1054.13
9	Himachal Pradesh	665.90	222.99	497.32	124.73	70227	519.02
10	Jammu & Kashmir	20620	354.92	264.31	371.41	71529	171.00
11	Jharkhand	1003.11	31.78	1341.65	228524	5060.65	1453.00
12	Karnataka	827.02	1440.54	1057.00	1862.95	3705.49	1303.00
13	Kerala	891.95	884.63	638.32	678.81	2378.4	649.31
14	Madhya Pradesh	2517.87	2701.81	4059.46	782.97	7476.49	2947.43
15	Maharashtra	3472.98	1756.31	3486.68	1685.74	6308.46	2175.57
16	Manipur	43424	288.96	258.46	2.09	796.98	71.22
17	Meghalaya	78.79	53.18	111.33	20523	535.03	88.64
18	Mizoram	335.18	310.01	502.19	323.61	1229.95	1001.67
19	Nagaland	253.43	230.96	246.51	66.82	69727	371.16
20	Orissa	954.70	56324	1854.70	904.66	4747.38	5090.38
21	Punjab	376.52	498.65	559.08	236.01	1898.33	597.00
22	Rajasthan	4119.19	3012.99	2797.98	2935.16	5140.91	4516.40
23	Sikkim	15.10	111.99	328.35	167.82	110.55	204.47

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
24	Tamil Nadu	1220.86	937.01	1447.41	371.19	6733.4	5249.00
25	Tripura	78.61	92.98	119.38	6.00	636.16	202.45
26	Uttar Pradesh	12525.56	10645.49	14577.83	10595.83	20206	812928
27	Uttaranchal	703.83	651.67	410.38	535.03	1085.83	596.08
28	West Bengal	. 3278.19	262025	3356.74	1899.46	6955	470.10
	TOTAL-ALL STATES	47884.88	38862.05	59921.44	37557.47.	103903.78	57422.40
UTs with Legislature							
1	Delhi	770.61	520.70	1044.45	182.37	745.65	58.00
2	Pondicherry	25.78	21.14	82.13	35.70	95.09	92.00
UTs without Legislature							
1	A&N Islands	26.43	13.70	25.76	47.66	50.52	3200
2	Chandigarh	19.11	22.17	19.58	32.55	80.89	35.00
3	D&N Haveli	9.66	16.76	5.30	29.50	36.91	17.00
4	Daman & Diu	7.31	6.31	13.48	42.35	25.07	43.00
5	Lakshadweep	1024	7.85	7.31	4328	13.14	14.00
	TOTAL (UTS)	896.14	608.63	1198.01	413.41	104727	291.00
	GRAND	48754.02	39470.68	61119.45	37970.88	104951.05	57713.40

Figures are provisional

*The expenditure figures as reported by the States/UTs but they do not reflect the extent of funds utilized.

Private partnership in Railways

1139. SHRI PRASANTA CHATTERJEE: Will the Minister of RAILWAYS be pleased to state:

(a) whether Government propose to give entry to private players for gradual dilution of the monopolistics character of Railways; and

(b) if so, details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI R. VELU): (a)and (b) A number of areas/activities such as upgradation of